



TESTIMONY

BEFORE THE HUMAN SERVICES COMMITTEE

Proposed SB 1013, Section 15

AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING HUMAN SERVICES

March 15, 2011

Senator Musto, Representative Tercyak and members of the Appropriations Committee, my name is Kimberly Skehan and I am Director of Home Care & Hospice Services for Homecare Management Strategies. I am also the Policy Committee Chair and a Board Member of the Connecticut Association for Home Care & Hospice, whose members serve over 100,000 elderly and disabled Connecticut citizens. I am a Registered Nurse with twenty four years of home care experience.

The Association **opposes** the language in SB 1013 Section 15 which mandates the training and use of home health aides to administer medications to home health agency clients. Home health aides provide services only under the delegation of a registered nurse. To mandate the use of home health aides violates the Connecticut Medical Practice Act, the Connecticut Nurse Practice Act and the Connecticut Public Health Code. These statutes:

- Do not allow for administration of medications by unlicensed personnel through a home health care agency;
- Specify that only a licensed nurse may administer medications to home health care agency clients;
- Require that any activity assigned to a home health aide must be delegated by the registered nurse after the nurse has assessed all factors pertinent to the patient's safety including the competence of the home health aide, and determined that this activity can be safely delegated to a home health aide.

This broad brush mandate does not allow for this delegation to occur and puts the nurse's license at risk.

Our home health care agency nurses perform vital, skilled services to a very fragile client population. Of specific concern is the behavioral health population. There is an assumption that medication administration is simply a task, but in fact, the behavioral health nurse administering medications is responsible at each visit for assessing the client's status, providing therapeutic intervention and follow up as appropriate and

determining whether or not it is appropriate for the client to take his or her medications. The status of these clients can often change daily, or even from morning to afternoon.

Allowing home health aides to make home visits to perform these tasks, especially to this population would place them in a position of making a judgment as to whether or not a medication needs to be administered. This is considered assessment, which requires the skills of a licensed nurse or other qualified professional to make this determination. This is outside the scope of practice for home health aides.

Our Home Health Services Legislative Work Group which is supported by Representative Ritter and is comprised of home health providers, access agencies and several State agencies, including Department of Social Services and Department of Public Health, is willing to work with the legislature to develop a pilot to determine the best way to address these issues and evaluate care management models for home health clients including the behavioral health population which will insure that there is appropriate nursing care and oversight for this very vulnerable population.

Thank you for consideration of this testimony. Please feel free to contact me if you have any further questions or concerns.

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